

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

Edward J. Washington

3534962

(Enter above the full name of the plaintiff  
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:19-cv-280  
(Number to be assigned by Court)

Wexford Medical Services; Jane Doe, Medical Administrator;

L.P.N. Lisa Colbird; WVDOC, Betsy Jividen, Commissioner;

mecc, Donald Ames, Superintendent;

Correctional Officer Belcher,

(Enter above the full name of the defendant  
or defendants in this action)

**COMPLAINT**

**I. Previous Lawsuits**

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes \_\_\_\_\_

No EW

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county):

\_\_\_\_\_

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3. Docket Number: \_\_\_\_\_

4. Name of judge to whom case was assigned:

\_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

\_\_\_\_\_

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6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: Mount Olive Correctional Complex

A. Is there a prisoner grievance procedure in this institution?

Yes EW No       

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes EW No \_\_\_\_\_

C. If your answer is YES:

1. What steps did you take? I filed the grievance through the 3 step process to full exhaustion of remedies.

2. What was the result? I was informed to, "in the future, ask the nurse what it is before you take it."

D. If your answer is NO, explain why not: \_\_\_\_\_

### III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Edward J. Washington

Address: (3534962) #1 Mountainside Way, Mt. Olive

B. Additional Plaintiff(s) and Address(es): West Virginia 25185

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

- C. Defendant: Wexford Medical Services  
 is employed as: Mount Olive Medical Care Provider  
 at Mount Olive Correctional Complex
- D. Additional defendants: Jane Doe, Medical Administrator;  
Licensed Practicing Nurse Linda Colbird; WV DOC, Betsy  
Jividen, Commissioner; MOCC, Donald Ames, Superintendent;  
Correctional Officer Belcher

#### IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was awakened at approximately 11 pm on April 14, 2018  
for night time medical pill pass by officer Belcher. Licensed  
Practicing Nurse Linda Colbird distributed medication to me in  
2 pill cups; one being a light and dark green capsule, the  
other was a pink colored liquid. It is common practice for  
Wexford to purchase several varying generic forms of our  
medications, so it came as no surprise that the medication  
looked different. I had recently been attempting to address

**IV. Statement of Claim (continued):**

anger issues with the Mental Health Department, so it was only natural to assume that any additional medication came from them. Between 15 to 30 minutes later I began to feel dizzy and lethargic. I laid down in my bed and passed out. Over the next 3 days I only roused long enough to eat and occasionally use the restrooms, feeling sluggish and unable to think clearly. I've had to further seek Mental Health assistance for increased anxiety since then. I now have to take a medication in order to combat the effects of improperly administered prescription medication.

**V. Relief**

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

award compensatory damages against the defendants, jointly and severally; award punitive damages against each of the individual defendants in a sum to be determined by a jury; award costs of this action to the plaintiff; award such other and further relief as this Honorable Court may deem appropriate; Plaintiff demands a jury trial.

V. Relief (continued):

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VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

n/a

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes EW No \_\_\_\_\_

If so, state the name(s) and address(es) of each lawyer contacted:

Paul Stroebe 405 Capitol Street ~ Suite 102

Charleston, WV 25329

If not, state your reasons: \_\_\_\_\_

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_ No EW

If so, state the lawyer's name and address:

\_\_\_\_\_  
\_\_\_\_\_

Signed this 1<sup>st</sup> day of April, 20 19.

x Edward J. Washington  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 1, 2019  
(Date)

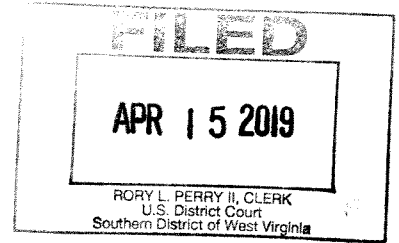
x Edward J. Washington  
Signature of Movant/Plaintiff

n/a  
\_\_\_\_\_  
Signature of Attorney  
(if any)

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

Edward J. Washington

\_\_\_\_\_  
Your full name



v.

Civil Action No.: 2:19-cv-00280

Wexford Medical Services; Jane Doe, Medical Administrator;

WVDOC, Betsy Jividen, Commissioner;

MOCC, Donald Ames, Superintendant;

L.P.N. Linda Edbird; Correctional officer Belcher,  
Enter above the full name of defendant(s) in this action

**Certificate of Service**

I, Edward J. Washington (your name here), appearing *pro se*, hereby certify

that I have served the foregoing 42 U.S.C. § 1983 (title of document

being sent) upon the defendant(s) by depositing true copies of the same in the United States mail,

postage prepaid, upon the following counsel of record for the defendant(s) on

April 1, 2019 (insert date here):

(List name and address of counsel for defendant(s))

RECEIVED  
APR 04 2019  
TRUSTEE OFFICE

x Edward J. Washington  
(sign your name)